•		MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERIAL NO.				FILING DATE		
	(FOR USE WITH FORM PTO-875)							10	1 585459			7-7-86				
							CLAIMS		-		1-1			~0		
	ASF	II FD		ΓER	AFTER		, [		AS FILED		AFTER		AFTER			
1			1 <sup>st</sup> AMENDMENT		2 <sup>nd</sup> AMENDMENT			ļ		DEP.	1 <sup>st</sup> AMEN	DEP.	2 <sup>nd</sup> AMEI IND.	NDMENT DEP.		
1	IND.	DEP.	IND.	DEP.	IND.	DEP.		51	IND.	(I)	וואט.	DLF.	IIVD.	JLF.		
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7 8		36						57 58		8						
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12		(Z)						62		0						
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